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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/146,405 05/14/2002 PAT 6,702,998

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 05/03/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature _____ Initials _____			
	STATE OR COUNTRY FL	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3

ADDRESS

87155

TITLE

NOVEL METHODS AND DEVICES FOR TREATING LUNG DYSFUNCTION

FILING FEE RECEIVED 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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